Revised October 2014

76.9557 15 FK12: 10

## LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

| TIER 2 PERSONAL FINANCIAL DISCLO   | SURE STATEMENT (ANNUAL)  |
|--|--|
| I currently hold an office that would require me to file a Tier 2.1, or<br>Statement. As such, I have completed SCHEDULE D.  | Fier 3 Personal Financial Disclosure   |
| ⊠ORIGINAL REPORT This Repor  | t Covers Calendar Year: 2014   |
| CIAMENDED PEPORT   | TABY 1 THROUGH IANUARY [ ])  |
| FINAL REPORT (WHERE TERM ENDS IN JANUARY [COVERING JAN A final reports must be filed on or before May 15 of the year in which y  | CAPAL I LIMOSSII LIMOSSII I LIMOSSII LIMOSS |
| A final reports must be filed on or before may 13 of the year of which per Refer to the "GENERAL INFORMATION" sheet of this form to determin   | eligibility.   |
| OFFICE/POSITION HELD: Jefferson Parish/District Attorney   |  |
| NAME OF FILER (print full name): Paul D. Connick Jr.   |  |
| Mailing Address: 113 Beverly Orive   |  |
| City, State, Zip: Metalrie, LA 70001   |  |
| NAME OF SPOUSE(if applicable)(print full name): Gisel  | e D. Connick   |
| Spouse's Occupation: Homemaker   |  |
| Spouse's Principal Business Address:   |  |
| City, State, Zip:  |  |
| CHECK ALL THAT APPLY   |  |
| ☐ I have filed my state income tax return for the previous year<br>☑ I have filed for an extension of my state income tax return for   | r the previous year.   |
| I have filed my federal income tax return for the previous ye  | ar.  |
| [X] I have filed for an extension of my federal income tax return  | for the previous year.   |
| I have filed for an extension of my federal income tax return<br>extension in filing my Tier 2 Personal Financial Disclosure.  | for the previous year AND I am requesting an   |
| CERTIFICATE OF A   | CURACY   |
| Leo hereby certify, after having been duly sworn, that t   |  |
| disclusive statement is true and correct to the best of my know  | vledge, information, and belief.   |
| 2770   | ,c1h 15  |
| Signature of Filer Sworn to and subscrib   | ed before me this 15th day of May 2015   |
|  | Tody J. Fortunato  |
| ON PURIO   | Notary Public (print name)  Notary Public (signature)  |
| ON A PURIOR OF THE PROPERTY OF | My futurato  |
|  | ( ) " Notary Public (signature)  |
| and and an   | Date Commission Expires at death   |
| NO. 3 NO. 3  | ware chulifitissing papir so   |
| AND TO TONING  | unum epi (cs la gov  |

Form 416A

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# Schedule A: Employment Information

| Check if not applicable                   |                           |                     |
|---|---------------------------|---------------------|
| ⊠Filer □Spouse Name of Employer: State of | •                         | □Part-Time          |
| · - <del></del>                           |                           |                     |
| Job Description: Chie                     |                           |                     |
| ⊠Filer □Spouse                            | ⊠Full-Time                | Part-Time           |
| Name of Employer: District                | Attorney-Jefferson Parish | h.                  |
| ob Title: District Attor                  | ney                       |                     |
| Job Description: Chie                     | of Prosecutor for the     | Parish of Jefferson |
| □Filer □Spouse                            | ∐Full-Time                | e Part-Time         |
| Name of Employer:                         |                           |                     |
| Job Title:                                |                           |                     |
|   |                           |                     |
| □Filer □Spouse                            | □Full-Time                | e                   |
|   |                           |                     |
| Job Title:                                |                           |                     |
|   |                           |                     |
| □Filer □Spouse                            | Full-Time                 | e Part-Time         |
| Name of Employer:                         |                           |                     |
|   |                           |                     |
| Job Description:                          |                           |                     |

- \* You are required to disclose employment information related to both you and your spouse (if applicable).
- \* List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.
- \* Self-employment information is reported on Schedule B.

[ Check if not applicable

**LOUISIANA BOARD OF ETHICS** 

Post Office Box 4368 Baton Rouge, Louisiana 70821

## Schedule B: Positions - Business

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<sup>\*</sup> You are required to complete SCHEDULE B if you or your spouse is a director, officer, stackholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

<sup>\* &</sup>quot;Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

☐ Check if not applicable

#### LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louislana 70821

| ☐Filer ☑Spouse ☐Both Amount of Interest (amount exceeds 10%): 25   | %        |
|--|----------|
|  |          |
| Name of Business; Dutrey Properties, LLC   |          |
| Address: 2110 State Street   | 4.00     |
| City, State, Zip: New Orleans, LA 70118  |          |
| Business Description: Real Estate Rentals  |          |
| Nature of Association: Member  |          |
| □Filer ⊠Spouse □Both   |          |
| Amount of Interest (amount exceeds 10%): 25  | %        |
| Name of Business; Robert Development, LLC  |          |
| Address: 2110 State Street   |          |
| City, State, Zip; New Orleans, LA 70118  |          |
| Business Description: Real Estate Rentals  |          |
| Nature of Association: Member  |          |
| □Filer ⊠Spouse □Both   |          |
| Amount of Interest (amount exceeds 10%): 25  | <u> </u> |
| Name of Business: 1034-1036 Cadiz Street, LLC  |          |
| Address: 2110 State Street   |          |
| City, State, Zip: New Orleans, LA 70118  |          |
| Business Description: Real Estate Rentals  |          |
| Nature of Association: Member  |          |
| A STATE OF THE STA |          |

<sup>\*</sup> You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

<sup>\* &</sup>quot;Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

Post Office Box 4368 Baton Rouge, Louisiana 70821

## Schedule B: Positions - Business

| ☐ Check if not applicable                       | - NII    |                  |               |         |
|---|----------|------------------|---------------|---------|
| □Filer ⊠Spouse □Both                            |          |                  |               |         |
| Amount of Interest (amount exceeds 10%): 25     | %        |                  |               |         |
| Name of Business: 4523-25 Chestnut Street, LLC  |          |                  |               |         |
| Address: 2110 State Street                      |          |                  |               |         |
| City, State, Zip: New Orleans, LA 70118         |          |                  |               |         |
| Business Description: Real Estate Rentals       | <u> </u> |                  |               |         |
| Nature of Association: Member                   |          |                  |               |         |
| ☐Filer ⊠Spouse ☐Both                            |          |                  |               |         |
| Amount of Interest (amount exceeds 10%): 25     | %        |                  |               |         |
| Name of Business: Green Street Development, LLC |          | - <del>1/1</del> |               | N 1.444 |
| Address: 2110 State Street                      |          |                  |               |         |
| City, State, Zip: New Orleans, LA 70118         |          |                  |               |         |
| Business Description: Real Estate Rentals       |          | ,,               | A afronte and | <u></u> |
| Nature of Association: Member                   |          |                  |               |         |
| □Filer ⊠Spouse □Both                            |          | ,                |               |         |
| Amount of Interest (amount exceeds 10%): 25     | %        |                  |               |         |
| Name of Business: 5345-47 Magazine Street, LLC  |          |                  |               |         |
| Address: 2110 State Street                      |          |                  |               | ,       |
| City, State, Zip: New Orleans, LA 70118         |          |                  |               |         |
| Business Description: Real Estate Rentals       |          |                  |               |         |
| Nature of Association: Member                   |          |                  |               |         |
| 1   |          |                  |               |         |

"Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

<sup>\*</sup> You are required to complete SCHEDULE 8 if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

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| Check if not applicable                         |   |
|---|---|
| □Filer ⊠Spouse □Both                            |   |
| Amount of Interest (amount exceeds 10%): 25     | % |
| Name of Business: 7816-18 St. Charles Ave., LLC |   |
| Address: 2110 State Street                      |   |
| City, State, Zip: New Orleans, LA 70118         |   |
| Business Description: Real Estate Rentals       |   |
| Nature of Association; Member                   |   |
| □Filer ⊠Spouse □Both                            |   |
| Amount of Interest (amount exceeds 10%): 25     | % |
| Name of Business: 2511-13 Metairle Rd., LLC     |   |
| Address: 2110 State Street                      |   |
| City, State, Zip: New Orleans, LA 70118         |   |
| Business Description: Real Estate Rentals       |   |
| Nature of Association: Member                   |   |
| □Filer ⊠Spouse □Both                            |   |
| Amount of Interest (amount exceeds 10%); 25     | % |
| Name of Business: 2620 Joseph St., LLC          |   |
| Address: 2110 State Street                      |   |
| City, State, Zip: New Orleans, LA 70118         |   |
| Business Description: Real Estate Rentals       |   |
| Nature of Association: Member                   |   |
|   |   |

<sup>\*</sup> You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%,

<sup>\* &</sup>quot;Business" means any curporation, partnership, limited fiability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-amployed individual, holding company, trust, or any other legal entity or person.

Check if not applicable

#### **LOUISIANA BOARD OF ETHICS**

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| ☐Filer ☑Spouse ☐Both  Amount of Interest (amount exceeds 10%): 25 | %        |
|---|----------|
| Name of Business: 3615 Magazine St., LLC                          |          |
| Address: 2110 State Street  |          |
| City, State, Zip; New Orleans, LA 70118                           |          |
| Business Description: Real Estate Rentals                         |          |
| Nature of Association: Member                                     |          |
| □Filer ⊠Spouse □Both  |          |
| Amount of Interest (amount exceeds 10%): 25                       | %        |
| Name of Business: 6121-23 Magazine St., LLC                       |          |
| Address: 2110 State Street  |          |
| City, State, Zip: New Orleans, LA 70118                           |          |
| Business Description: Real Estate Rentals                         |          |
| Nature of Association: Member                                     |          |
| □Filer □Spouse ⊠Both  |          |
| Amount of Interest (amount exceeds 10%): 100                      | %        |
| Name of Business: Avignon House, LLC                              |          |
| Address: 113 Severly Orive  |          |
| City, State, Zip: Metairie, LA 70001                              |          |
| Business Description: Antique Sales                               |          |
| Nature of Association: Members                                    |          |
|   | <u> </u> |

<sup>\*</sup> You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

<sup>\* &</sup>quot;Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

[1] Check if not applicable

LOUISIANA BOARD OF ETHICS

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| C. Chart II no abbuse                            |            |
|--|------------|
| ⊠Ffler □Spouse □Both                             |            |
| Amount of Interest (amount exceeds 10%): 16.6667 | <u> </u> % |
| Name of Business: Ridgehouse Properties, U.C     |            |
| Address: 3421 N. Causeway Blvd., Suite 408       |            |
| City, State, Zip: Metairie, LA 70002             |            |
| Business Description: Real Estate                |            |
| Nature of Association: Member                    |            |
| ⊠Filer □Spouse □Both                             |            |
| Amount of Interest (amount exceeds 10%): 50      | %          |
| Name of Business: Connick and Connick, LLC       |            |
| Address: 3421 N. Causeway Blvd., Suite 408       |            |
| City, State, Zip: Metairie. LA 70002             |            |
| Business Description: Law Firm                   |            |
| Nature of Association: Member                    |            |
| □Filer □Spouse ⊠Both                             |            |
| Amount of Interest (amount exceeds 10%): 100     | <u></u> %  |
| Name of Business: Avignon House Antiques, LLC    |            |
| Address: 113 Beverly Drive                       |            |
| City, State, Zip: Metairle, LA 70001             | ,          |
| Business Description: Antique Sales              |            |
| Nature of Association: Members                   |            |
| 1  |            |

<sup>\*</sup> You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

<sup>\* &</sup>quot;Business" means any corporation, partnership, limited flability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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# Schedule C: Positions - Nonprofit

#### Check if not applicable

| ☐Filer ☐Spouse               |       |
|------------------------------|-------|
| Name of Organization:        |       |
| Address:                     |       |
| City, State, Zip:            |       |
| Nature of Association:       |       |
| Description of Organization: |       |
| □Filer □Spouse               | 11.11 |
| Name of Organization:        |       |
| Address:                     |       |
| City, State, Zip:            |       |
| Nature of Association:       |       |
| Description of Organization: |       |
| ☐Filer ☐Spouse               |       |
| Name of Organization:        |       |
| Address;                     |       |
| City, State, Zip:            |       |
| Nature of Association:       |       |
| Description of Organization: |       |

<sup>\*</sup>You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit organization.

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## Schedule D: Other Offices/Positions Held

| Citeck it not applicable |  |
|--------------------------|--|
| Name of Office/Position: | Louisiana Commission of Law Enforcement/Board Member     |
| Name of Office/Position: | Judicial Council-State of Louisiana Supreme Court/Member |
| Name of Office/Position: |  |

<sup>\*</sup> You are required to complete SCHEDULE D if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

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# Schedule E: Immovable Property

|  | e interest in the parcel exceeds \$2,000)   |                  |
|--|---|------------------|
| Filer □Spouse ⊠Both  |   | \                |
| ocation of Property: State: Louisiana  | Parish/County: Jefferson  |                  |
| Description of Property: 113 Beverly Drive   | , Metairle, LA - Personal Residence   | \                |
| 'alue of the Interest in the Parcel:  Category I (less than \$5,000)  Category III (\$25,000-\$100,000)  | Category II (\$5,000-\$24,999)  Category IV (more than \$100,000)   |                  |
| Filer Spouse Both  |   |                  |
| ocation of Property: State: Louislana  | Parish/County: Orleans  |                  |
| Description of Property: 7932 St. Charles  | Avenue, New Orleans, LA -Single Family Residence-owns 25  | 196              |
| Value of the Interest in the Parcel:  ☐ Category I (less than \$5,000)   | Category II (\$5,000-\$24,999)  |                  |
| Category III (\$25,000-\$100,000)  | Category IV (more than \$100,000)   |                  |
| _Filer ⊠Spouse ☐Both   |   |                  |
| Location of Property:  |   | l                |
| State: Louisiana   | Parish/County: Orleans  |                  |
| Description of Property: 65484 Chef High   | nway, New Orleans, LA-Land-owns 25%   | <del></del>      |
| Value of the Interest in the Parcel:   | EZI data asses II dep and data (000)  |                  |
| Category I (less then \$5,000)   | Category II (\$5,800-\$24,999)  |                  |
| Category III (\$25,000-\$100,000)  | Category IV (more than \$100,000)   |                  |
| ∏Filer □Spouse □Both   |   |                  |
| Location of Property:  |   |                  |
| State:   | Parish/County:  | -                |
| Description of Property:   |   | <del></del>      |
| Value of the Interest in the Parcel:  *You are required to disclose the location by state ar  *You are required to profite a price as a profite of the value (determined in the agencies (security profite). | nd parish/county.<br>ne immoviese property and its fair market value or use<br>ad v[](estelsises[]/ (more than \$100,000) |                  |
| □Filer □Spouse □Both   |   |                  |
| Location of Property:  |   |                  |
|  | Parish/CB6Hfdy:   | www.athtcs.lo.go |
| Revised Retaber 2014   | I (2) 13M/ Co 4) 12/  | _                |

Post Office Box 4368 Baton Rouge, Louisiana 70821

## Schedule E: Immovable Property

| ∏Filer     | ⊠Spouse □Both                    | •  |            |
|------------|----------------------------------|--|------------|
| Location o | of Property:                     |  |            |
| State:     | Florida                          | Parish/County: Okaloosa                    |            |
| Descri     | otion of Property: 520 Gulf Sho  | res Drive, Destin, FL-Condominium-owns 25% |            |
| Value of t | he Interest in the Parcel;       |  |            |
|            | Category [ (less than \$5,000)   | Category II (\$5,000-\$24,999)             |            |
|            | ☐ Category III (\$25,000-\$100,0 | 00) Category IV (more than \$100,000)      |            |
| ∏Filer     | ⊠Spouse □Both                    |  |            |
| Location ( | of Property:                     |  |            |
| State:     | Louislana                        | Parish/County: Orleans                     |            |
| Descri     | ption of Property: 7 lots- Hayne | 2s Blvd./Superior Drive New Orleans, LA    | _          |
| Value of t | he Interest in the Parcel:       |  |            |
|            | Category I (less than \$5,000)   | Category II (\$5,000-\$24,999)             |            |
|            | Category III (\$25,000-\$100,0   | Category IV (more than \$100,000)          |            |
| □Filer     | □Spouse □Both                    |  |            |
| Location   | of Property:                     |  |            |
| State:     |                                  | Parish/County:                             |            |
| Descri     | ption of Property:               |  | <b>200</b> |
| Value of t | he Interest in the Parcel:       |  |            |
|            | Category ( (less than \$5,000)   | Category II (\$5,000-\$24,999)             |            |
|            | Category III (\$25,000-\$100,0   | 100) Category IV (more than \$100,000)     |            |

<sup>\*</sup> You are required to disclose the location by state and parish/county.

<sup>\*</sup> You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

Post Office Box 4368 Baton Rouge, Louisiana 70821

# Schedule F: Income from the State, Political Check if not applicable Subdivisions, and/or Gaming Interests

| □Spouse □Business(where amount of interest exceeds 10%)         |  |  |  |
|---|--|--|--|
| Type of Income: ⊠State □Political Subdivision □ Gaming Interest |  |  |  |
| Name of Business(if applicable): State of Louislana-OSUP        |  |  |  |
| Name of Income Source: State of Louisiana                       |  |  |  |
| Address: P.O. Box 94095   |  |  |  |
| City, State, Zip: Baton Rouge, LA 70804-9095                    |  |  |  |
| Amount of Income (exact dollar amount): \$ 50,000.08            |  |  |  |
| ⊠Filer □Spouse □Business(where amount of interest exceeds 10%)  |  |  |  |
| Type of income: ☐State ☑Political Subdivision ☐ Gaming Interest |  |  |  |
| Name of Business(if applicable): District Attorney              |  |  |  |
| Name of Income Source: Parish of Jefferson                      |  |  |  |
| Address: P.O. Box 9   |  |  |  |
| City, State, Zip: Gretna, LA 70054                              |  |  |  |
| Amount of Income (exact dollar amount): \$ 123,826.14           |  |  |  |
| ☐Filer ☐Spouse ☑Business(where amount of interest exceeds 10%)  |  |  |  |
| Type of Income: State Political Subdivision Gaming Interest     |  |  |  |
| Name of Business (if applicable): Connick and Connick, LLC      |  |  |  |
| Name of Income Source. Parish of Jefferson                      |  |  |  |
| Address: 3421 N. Causeway Blvd., Suite 408                      |  |  |  |
| City, State, Zip: Metalrie, LA 70002                            |  |  |  |
| Amount of Income (exact dollar amount): \$ 216,576.58           |  |  |  |

- \* You are required to complete SCHEDULE F if you or your spouse received income (Includes any income from public source such as employment income, retirement, etc.) from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.
- \* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.
- "income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance
  policy.
- \* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the instructions Section of this form.

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# Schedule F: Income from the State, Political Check if not applicable Subdivisions, and/or Gaming Interests

| Filer Spouse Business(where amount of interest exceeds 10%)    |  |  |  |
|--|--|--|--|
| Type of income: State Political Subdivision Gaming Interest    |  |  |  |
| Name of Business(if applicable): Connick and Connick, LLC      |  |  |  |
| Name of Income Source: Parish of St. Charles                   |  |  |  |
| Address: 3421 N. Causeway Bivd., Suite 408                     |  |  |  |
| City, State, Zip: Metalrie, LA 70002                           |  |  |  |
| Amount of Income (exact dollar amount): \$ 1,472.00            |  |  |  |
| □Filer □Spouse ☑Business(where amount of interest exceeds 10%) |  |  |  |
| Type of Income: State Political Subdivision Gaming Interest    |  |  |  |
| Name of Business (if applicable): Connick and Connick, LLC     |  |  |  |
| Name of Income Source: State of Louisiana                      |  |  |  |
| Address: 3421 N. Causeway Blvd., Sulte 408                     |  |  |  |
| City, State, Zip: Metalrie, LA 70002                           |  |  |  |
| Amount of Income (exact dollar smount): \$ 374,656.46          |  |  |  |
| ☐Filer ☐Spouse ☐Business(where amount of interest exceeds 10%) |  |  |  |
| Type of Income: State Political Subdivision Gaming Interest    |  |  |  |
| Name of Business(if applicable):                               |  |  |  |
| Name of Income Source:   |  |  |  |
| Address:   |  |  |  |
| City, State, Žip:  |  |  |  |
| Amount of Income (exact dollar amount): \$                     |  |  |  |
| Amount of Income (exact dollar amount): \$                     |  |  |  |

- \* You are required to complete SCHEDULE F if you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.
- \* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.
- "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- The definitions for (and examples of) political subdivision, gaming interest, and business are found in the instructions Section
  of this form,

Revised October 2014

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## Schedule G: Income Received from Employment

| ☑ Check if not applicat          | ole ·                             |                                   |
|----------------------------------|-----------------------------------|-----------------------------------|
| Filer Spouse Full-time Part-time |                                   |                                   |
| Name of Employer:                |                                   |                                   |
|                                  |                                   |                                   |
| ļ                                |                                   |                                   |
| Nature of services (p            | oursuant to such employmen        | t):                               |
| Amount of Income:                | Category J (leas than \$5,000)    | Category II (\$5,000-\$24,999)    |
|                                  | Category III (\$25,000-\$100,000) | Category IV (more than \$100,000) |
| □Filer □Spouse                   | □Full-time □Part-                 | time                              |
| Name of Employer:                |                                   |                                   |
| ì                                |                                   |                                   |
|                                  |                                   |                                   |
| Nature of services ()            | oursuant to such employmen        | t):                               |
| Amount of Income:                | Category I (less than \$3,000)    | Category II (\$5,000-\$24,999)    |
|                                  | Category III (\$25,000-\$100,000) | Category IV (more than \$100,000) |
| □Filer □Spous                    | Pull-time □Part                   | time                              |
| Name of Employer:                | 740                               |                                   |
| 1                                |                                   |                                   |
|                                  | p:                                |                                   |
| Nature of services ()            | oursuant to such employmen        | t):                               |
| Amount of Income:                | Category I (less than \$5,000)    | Category II (\$5,000-\$24,999)    |
|                                  | Category III (\$25,000-\$100,000) | Category IV (more than \$100,000) |

- \* You are required to complete SCHEDULE 4 to disclose the income received by you or your spouse for each full-time or part-time employment position held.
- \* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- Income that is reported on SCHEDULE F does not have to be restated on SCHEDULE G.
- \* Income received through self-employment is reported on SCHEDULE H, unless it is reported on Schedule F.

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## Schedule H: Income Received From Business

JPDA

| Check if not applicable  |               |  |  |
|--|---------------|--|--|
| AGGREGATE AMOUNT OF INCOME RECRIVED FROM BUSIN   | NESS:         |  |  |
| Category I (less than \$5,000) Category II (35,000-524,999)  |               |  |  |
| Category III (\$25,000-\$100,000)  |               |  |  |
| ⊠Filer □Spouse   |               |  |  |
| Name of Business: Ridgehouse Properties, LLC   |               |  |  |
| Address: 3421 N. Causeway Blvd., Suite 408   |               |  |  |
| City, State, Zip: Metairie, LA 70002   |               |  |  |
| Nature of services rendered or reason income was received:   | Real Estate   |  |  |
| ⊠Filer □Spouse   |               |  |  |
| Name of Business: Connick and Connick, LLC   |               |  |  |
| Address: 3421 N. Causeway Blvd., Sulte 408   |               |  |  |
| City, State, Zip: Metairle, LA 70002   |               |  |  |
| Nature of services rendered or reason income was received: Provide legal, administrative, and management counsel |               |  |  |
| ⊠Filer □Spouse   |               |  |  |
| Name of Business: Avignon House, LLC   |               |  |  |
| Address: 113 Beverly Drive   |               |  |  |
| City, State, Zip; Metairie, LA 70001   |               |  |  |
| Nature of services rendered or reason income was received:   | Antique Sales |  |  |
| □Filer ⊠Spouse   |               |  |  |
| Name of Business: Avignon House, LLC   |               |  |  |
| Address: 113 Beverly Drive   |               |  |  |
| City, State, Zip: Metairie, LA 70001   |               |  |  |
| Nature of services rendered or reason income was received;   | Antique Sales |  |  |

- You are required to complete SCHEDULE H if you or your spouse received income from a business.
- "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- Income reported on SCHEDULE F or 6 does not have to be restated on SCHEDULE H.
- income received through self-employment is reported on SCHEDULE H.
- \* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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## Schedule H: Income Received From Business

| Check if not applicable  |               |  |
|--|---------------|--|
| AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSIN                           | (ESS:         |  |
| Category I (less than \$5,000) Category II (\$5,000-524,999)             |               |  |
| ☐ Category III (\$25,000-\$100,000)                                      |               |  |
| ⊠Filer □Spouse   |               |  |
| Name of Business: Avignon House Antiques, LLC                            |               |  |
| Address: 112 Beverly Drive   |               |  |
| City, State, Zip: Metairie, LA 70001                                     |               |  |
| Nature of services rendered or reason income was received:               | Antique Sales |  |
| ☐Filer ⊠Spouse   |               |  |
| Name of Business: Avignon House Antiques, LLC                            |               |  |
| Address: 113 Beverly Drive   |               |  |
| City, State, Zip: Metalrie, LA 70001                                     |               |  |
| Nature of services rendered or reason income was received: Antique Sales |               |  |
| □Filer ⊠Spouse   |               |  |
| Name of Business: Camp Street Development, LLC                           |               |  |
| Address: 2110 State Street   |               |  |
| City, State, Zip: New Orleans, LA 70118                                  |               |  |
| Nature of services rendered or reason income was received: Real Estate   |               |  |
| □Filer ⊠Spouse   |               |  |
| Name of Business: Dutrey Properties, LLC                                 | ·             |  |
| Address: 2110 State Street   |               |  |
| City, State, Zip; New Orleans, LA 70118                                  |               |  |
| Nature of services rendered or reason income was received:               | Real Estate   |  |

- You are required to complete SCHEDULE H if you or your spouse received income from a business.
- "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- Income reported an SCHEDULE F or G does not have to be restated on SCHEDULE H.
- Income received through self-employment is reported on SCHEDULE H.
- "Business" means any corporation, partnership, limited Mability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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☐ Check if not applicable

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## LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

## Schedule H: Income Received From Business

| AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSIN                         | ESS:        |  |  |
|--|-------------|--|--|
| Category I (less than \$5,000) Category II (\$5,008-\$24,999)          |             |  |  |
| Category III (\$25,000-\$100,000)                                      |             |  |  |
| □Filer ⊠Spouse   |             |  |  |
| Name of Business: Robert Development, LLC                              |             |  |  |
| Address: 2110 State Street   |             |  |  |
| City, State, Zip: New Orleans, LA 70118                                |             |  |  |
| Nature of services rendered or reason income was received:             | Real Estate |  |  |
| □Filer ⊠Spouse   |             |  |  |
| Name of Business: 1034-1036 Cadiz Street, LLC                          |             |  |  |
| Address: 2110 State Street   |             |  |  |
| City, State, Zip: New Orleans, LA 70118                                |             |  |  |
| Nature of services rendered or reason income was received: Real Estate |             |  |  |
| □Filer ⊠Spouse   |             |  |  |
| Name of Business: 4523-25 Chestnut Street, LLC                         |             |  |  |
| Address: 2110 State Street   |             |  |  |
| City, State, Zip: New Orleans, LA 70118                                |             |  |  |
| Nature of services rendered or reason income was received:             | Real Estate |  |  |
| ∐Filer ⊠Spouse   |             |  |  |
| Name of Business: Green Street Development, LLC                        |             |  |  |
| Address: 2110 State Street   |             |  |  |
| City, State, Zip: New Orleans, LA 70118                                |             |  |  |
| Nature of services rendered or reason income was received:             | Real Estate |  |  |

- \* You are required to complete SCHEDULE H If you or your spouse received income from a business.
- \* "Income" (for on Individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- \* Income reported on SCHEDULE For G does not have to be restated on SCHEDULE H.
- \* Income received through self-employment is reported on SCHEDULE H.
- \* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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## Schedule H: Income Received From Business

| ☐ Check if not applicable  |             |  |
|--|-------------|--|
| AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSIN                         | ESS:        |  |
| ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)      |             |  |
| Category III (\$25,000-\$100,000)                                      |             |  |
| □Filer ⊠Spouse   |             |  |
| Name of Business: 5345-47 Magazine Street, LLC                         |             |  |
| Address: 2110 State Street   |             |  |
| City, State, Zip: New Orleans, LA 70118                                |             |  |
| Nature of services rendered or reason income was received:             | Real Estate |  |
| □Filer ⊠Spouse   |             |  |
| Name of Business: Napoleon Properties, LLC                             |             |  |
| Address: 2110 State Street   |             |  |
| City, State, Zip: New Orleans, LA 70118                                |             |  |
| Nature of services rendered or reason income was received: Real Estate |             |  |
| □Filer ⊠Spouse   |             |  |
| Name of Business: Prytania Development, LLC                            | '           |  |
| Address: 2110 State Street   |             |  |
| City, State, Zip: New Orleans, LA 70118                                |             |  |
| Nature of services rendered or reason income was received:             | Real Estate |  |
| □Filer ⊠Spouse   |             |  |
| Name of Business: 7816-18 St. Charles Ave., LLC                        |             |  |
| Address: 2110 State Street   |             |  |
| City, State, Zip; New Orleans, LA 70118                                |             |  |
| Nature of services rendered or reason income was received:             | Real Estate |  |

- \* You are required to complete SCHEDULE H if you or your spouse received income from a business.
- \* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- Income reported on SCHEDULE For G does not have to be restated on SCHEDULE H.
- \* Income received through self-employment is reported on SCHEDULE H.
- "Business" means any corporation, partnership, firmted liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Check if not applicable

## LOUISIANA BOARD OF ETHICS

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## Schedule H: Income Received From Business

| AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSIN                | ESS:        |
|---|-------------|
| Category   (less than \$5,000) Category II (\$5,000-\$24,999) |             |
| Category III (\$25,000-\$190,000)                             |             |
| □Filer ⊠Spouse  |             |
| Name of Business: 2511-13 Metakie Rd., LLC                    |             |
| Address: 2110 State Street                                    |             |
| N. o subsect & space  |             |
| Nature of services rendered or reason income was received:    | Real Estate |
| □Filer ⊠Spouse  | <del></del> |
| Name of Business: 2620 Joseph St., LLC                        |             |
| Address: 2110 State Street                                    |             |
| City, State, Zip: New Orleans, LA 70118                       |             |
| Nature of services rendered or reason income was received:    | Real Estate |
| □Filer ⊠Spouse  |             |
| Name of Business: 3615 Magazine St., LLC                      |             |
| Address: 2110 State Street                                    |             |
| City, State, Zip: New Orleans, LA 70118                       |             |
| Nature of services rendered or reason income was received:    | Real Estate |
| □Filer ⊠Spouse  |             |
| Name of Business: 6121-23 Magazine St., LLC                   |             |
| Address: 2110 State Street                                    |             |
| City, State, Zip: New Orleans, LA 70118                       |             |
| Nature of services rendered or reason income was received:    | Real Estate |

- \* You are required to complete SCHEDULE Hilf you or your spouse received income from a business.
- "Income" (for an individual) means toxable income and shall not include any income received pursuant to a life insurance
  policy.
- \* Income reported on SCHEDULE F or Q does not have to be restated on SCHEDULE H.
- \* Income received through self-employment is reported on SCHEDULE H.
- \* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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## Schedule I: Other Income

| Check if not applicable                          | /Suh otuet methite me  |   | <u> </u> |
|--|--|---|----------|
| □Filer ⊠Spouse                                   |  | •   |          |
| Description of Income:                           |  |   |          |
| Interest Income                                  |  |   |          |
| Nature of services render                        | red or reason income was rec                                 | elved:                                      |          |
| Interest income on saving                        | gs, checking, and investment a                               | accounts                                    |          |
| Amount of Income:                                | Category I (less than \$5,000)                               | Category II (\$5,000-\$24,999)              |          |
|  | Category 111 (\$25,000-\$1.00,000)                           | Category IV (more than \$100,000)           |          |
| □Filer ⊠Spouse                                   |  |   |          |
| Description of Income:                           |  |   |          |
| Dividend Income                                  |  |   |          |
| Nature of services rende                         | red or reason income was red                                 | ceived:                                     | · .      |
| Dividend income from im                          | vestment accounts  |   |          |
| Amount of Income:                                | Category I (less than \$5,000)                               | Category II (\$5,000-\$24,999)              |          |
|  | Category III (\$25,000-\$200,000)                            | Category IV (more than \$100,000)           |          |
| □Filer □Spouse                                   |  |   |          |
|  |  |   |          |
| Description of Income:                           |  |   |          |
| <del></del> •                                    |  |   |          |
| Description of Income:                           | red or reason income was rec                                 | :eived:                                     |          |
| Description of Income:                           | red or reason income was red                                 | :eived:                                     |          |
| Description of Income:                           | red or reason income was red  Category I (less than \$5,000) | ceived:<br>☐ Category If (\$5,000-\$24,999) |          |
| Description of Income:  Nature of services rende |  |   |          |

- \* You are required to complete SCHEDULE | if you or your apouse received any other type of income (includes any income from private source such as rental income, federal retirement, etc.) that exceeded \$1,000.
- \* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- You are not required to report income that is derived from child support and alimony payments contained in a sourt order, or from disability payments from any source,
- Income that is reported on SCHEDULE F, G, or H does not have to be restated on SCHEDULE I.
- Income from retirement accounts not reported on Schedule F should be included on Schedule I.

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## Schedule J: Investment Holdings

- You are required to complete SCHEDULE J if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.
- \* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.
- \* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

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## **Schedule J: Investment Holdings**

| Check if not applicable                | dill (traescrite) to trace and |
|--|--|
| □Filer ⊠Spouse □Both Name of Security: |  |
| John Hancock Tax Free Bond A           |  |
| Description of Security:               |  |
| Bond - Mutual Funds                    |  |
|  |  |
| □Filer ⊠Spouse □Both                   |  |
| Name of Security:                      |  |
| George Putnam Balanced A               |  |
| Description of Security:               |  |
| Bond - Mutual Funds                    |  |
| □Filer ⊠Spouse □Both                   |  |
| Name of Security:                      |  |
| BP, PLC                                |  |
| Description of Security:               |  |
| Common Stock                           |  |
|  |  |

 You are required to complete SCHEDULE Jifyou or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

\* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

\* You are not required to disclose information concurring any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

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## Schedule K: Transactions

| Check if not applicable (a transaction that  | exceeds \$5,000)  |
|--|---|
| ⊠Piler   |   |
| Amount of Transaction: Category I (less than \$5,000)  | ☐ Category II (\$5,000-\$24,999)  ☐ Category IV (more than \$100,000) |
| ☐Filer ☑Spouse ☐Both  Transaction Date: May 16, 2014  Description of Transaction:  Sold Property in 2511-13 Metairie Rd, LLC |   |
| Amount of Transaction: Category I (less than \$5,000)  | Category II (\$5,000-\$24,999)  Category IV (more than \$100,000)     |
| ☐Filer ☐Spouse ☐Both  Transaction Date:  Description of Transaction:   |   |
| Amount of Transaction: Category I (less than \$5,000)  | Category II (\$5,000-\$24,999)  Category IV (mera than \$100,000)     |

- \* You are required to complete SCHEDULE K if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (when the value of the transaction exceeded \$5,000 in the previous calendar year).
- \* You are not required to report variable annulties, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

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# Schedule L: Liabilities

| Check it not applicable                       |
|---|
| Filer 📆 Spouse                                |
| ame of Creditor: Seterus, Inc.                |
| Address: P. O. Box 2008                       |
| City, State, Zip: Grand Rapids, MI 49501-2008 |
| ame of Guarantor (if applicable):             |
| Filer Spouse                                  |
| ame of Creditor: Capital One N. A.            |
| Address: P.O. Box 21887                       |
| City, State, Zip: Eagan, MN 55121             |
| Varne of Guarantor (II applicable):           |
| Filer Spouse                                  |
| lame of Greditor: IberiaBank                  |
| Address: 2900 Ridgelake Drive                 |
| City, State, Zip: Metairle, LA 70002          |
| Vame of Guarantor (If applicable);            |
| Filer Spouse                                  |
| lame of Creditor:                             |
| Address:                                      |
| City, State, Zip:                             |
| Name of Guarantor (If applicable):            |
|   |

\*You are required to complete SCHEDULE Lif you or your spouse awas any liability which exceeds \$10,000 on the last day of the reporting period.

\*You are not required to disclose any loan secured by moveble property, if such loan does not exceed the purchase price of the movable property which secures the loan.

\*You are not required to disclose any liability, secured or unsecused, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

\*You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

\* You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

\*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

\*"Consumer Credit Transaction" in R.S. 9:3515(13) means a consumer to an or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et req.

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## LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

## Schedule M: Positions - Business

JPDA

(to be completed by members of the Ethics Adjudicatory Board and the administrator of the Ethics Administration)

| Check if                 | not applicable    | Ethics Board, and the administrator of the Ethics Administrator |                                       |
|--------------------------|-------------------|---|---------------------------------------|
| ∏Filer                   | □Spouse           | ∐Both ·   |                                       |
| Name of B                | lusiness:         |   |                                       |
| Address:                 |                   |   | <b>-</b>                              |
| City, State, Zip:        |                   |   |                                       |
| Business Description:    |                   |   |                                       |
| Nature of Association: _ |                   |   |                                       |
| Amount of Interest:      |                   | %   | ***                                   |
| ∏Filer                   | Spouse            | □ Both  | ·                                     |
| Name of I                | Business:         |   |                                       |
| Ac                       | idress:           |   |                                       |
| Ci                       | ty, State, Zip:   |   |                                       |
| Business                 | Description:      |   | · · · · · · · · · · · · · · · · · · · |
| Nature of                | f Association: _  |   |                                       |
| Amount                   | of Interest:      | %   |                                       |
|                          | □Spouse           |   |                                       |
| Name of                  | Business:         |   | ·····                                 |
| A.                       | ddress:           |   |                                       |
| C                        | lty, State, Zip:_ |   |                                       |
| 1                        |                   |   |                                       |
|                          |                   |   |                                       |
| 1                        | of Interest:      | %   | :<br>                                 |

\* Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

<sup>\*</sup> You are required to complete SCHEOULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

<sup>\*</sup> You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership.

<sup>\* &</sup>quot;Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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# Schedule N: Income from the State and/or Political Subdivisions

Check if not applicable

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

| ∏Filer □Spouse □Business                    |  |  |  |  |  |
|---|--|--|--|--|--|
| — · · · · · · · · · · · · · · · · · · ·     |  |  |  |  |  |
| Type of Income: State Political Subdivision |  |  |  |  |  |
| Name of Business (if applicable):           |  |  |  |  |  |
| Name of Income Source:                      |  |  |  |  |  |
| Address:                                    |  |  |  |  |  |
| City, State, Zip:                           |  |  |  |  |  |
| Amount of Income (exact dollar amount): \$  |  |  |  |  |  |
| □Filer □Spouse □Business                    |  |  |  |  |  |
| Type of Income: State Political Subdivision |  |  |  |  |  |
| Name of Business (if applicable):           |  |  |  |  |  |
| Name of Income Source:                      |  |  |  |  |  |
| Address:                                    |  |  |  |  |  |
| City, State, Zip:                           |  |  |  |  |  |
| Amount of Income (exact dollar emount): \$  |  |  |  |  |  |
| □Filer □Spouse □Business                    |  |  |  |  |  |
| Type of Income: State Political Subdivision |  |  |  |  |  |
| Name of Business (if applicable):           |  |  |  |  |  |
| Name of Income Source:                      |  |  |  |  |  |
| Address:                                    |  |  |  |  |  |
| City, State, Zip:                           |  |  |  |  |  |
| Amount of Income (exact dollar amount): \$  |  |  |  |  |  |

<sup>\*</sup> You are required to complete SCHEDULE N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

<sup>\*</sup> You are required to disclose all income received by a business in which you or your spouse received regardless of the percentage of ownership in the business.

<sup>\* &</sup>quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

<sup>\* &</sup>quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

Information disclosed on SCHEDULE F does not have to be restated on SCHEDULE N.

X Check if not applicable

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## LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

## Schedule O: Income from a Governmental Entity

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

| Dan'N           | * * · · · · · · · · · · · · · · · · · · | <u></u>  |                                       |
|-----------------|---|----------|---------------------------------------|
| ∏Filer          | □Spouse                                 | -        |                                       |
| Name of Gove    | ernmental Entity:                       |          | <br>· Annual ·                        |
|                 |   |          |                                       |
| Nature of Con   | itract/Sub-Contract:                    |          |                                       |
| Value (of thing | of economic value) Derived:             |          | <br>                                  |
| ∏Filer          | □Spouse                                 |          |                                       |
| Name of Gove    | ernmental Entity:                       |          |                                       |
| Nature of Cor   | ntract/Sub-Contract:                    |          |                                       |
| Value (of thing | of economic value) Derived:             |          |                                       |
| □Filer          | □Spouse                                 |          |                                       |
| Name of Gov     | ernmental Entity:                       | <u> </u> |                                       |
| Nature of Co    | ntract/Sub-Contract;                    |          | · · · · · · · · · · · · · · · · · · · |
| Value (of thing | of economic value) Derived:             |          |                                       |
| □Filer          | ∐Spouse                                 |          |                                       |
| Name of Gov     | ernmental Entity:                       |          |                                       |
|                 | ntract/Sub-Contract:                    |          |                                       |
| Value (of thing | g of economic value) Derived:           |          |                                       |
|                 |   |          | <br>                                  |

<sup>\*</sup> You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

<sup>\*</sup> You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisians insurance Guaranty Association, the Louisians Health Insurance Guaranty Association, Louisians Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.

<sup>\*</sup> You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.

\*"Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La, R.S. 42:1102(22).